SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$38,001,720	\$8,437,050	\$333,717,440	\$70,125,170	\$5,848,770	\$104,070
OTHER MEDICAL	\$69,219,140	\$17,710,970	\$466,461,940	\$176,197,950	\$7,299,910	\$282,440
COUNTY OUTPATIENT	\$1,133,290	\$683,820	\$26,020,410	\$4,571,800	\$93,210	\$90
COMMUNITY OUTPATIENT	\$22,065,230	\$3,762,020	\$189,974,250	\$37,048,930	\$1,065,700	\$10,990
PHARMACY	\$49,583,600	\$19,990,160	\$1,037,180,130	\$80,909,510	\$10,287,030	\$179,210
COUNTY INPATIENT	\$6,766,650	\$1,608,140	\$131,222,770	\$23,981,070	\$1,560,930	\$0
COMMUNITY INPATIENT	\$170,268,180	\$27,205,760	\$1,019,525,540	\$220,471,790	\$21,862,920	\$247,120
NURSING FACILITIES	\$401,653,760	\$25,644,360	\$611,437,800	\$2,343,740	\$1,776,457,470	\$6,411,520
ICF-DD	\$417,610	\$10,172,010	\$185,344,470	\$842,160	\$17,551,420	\$3,069,910
MEDICAL TRANSPORTATION	\$16,286,620	\$4,864,810	\$61,527,700	\$4,578,290	\$4,818,900	\$99,580
OTHER SERVICES	\$154,331,990	\$14,837,100	\$465,187,550	\$38,216,920	\$68,969,510	\$324,810
HOME HEALTH	\$76,280	\$11,048,950	\$88,845,600	\$3,481,270	\$3,900	\$0
FFS SUBTOTAL	\$929,804,070	\$145,965,150	\$4,616,445,610	\$662,768,590	\$1,915,819,680	\$10,729,740
DENTAL	\$37,162,200	\$2,275,040	\$85,375,970	\$115,303,720	\$4,492,970	\$19,040
TWO PLAN MODEL	\$16,372,000	\$6,105,000	\$454,648,000	\$880,213,240	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$186,003,320	\$6,979,420	\$252,235,810	\$168,487,030	\$289,247,380	\$691,430
GEOGRAPHIC MANAGED CARE	\$4,918,000	\$1,680,000	\$115,282,000	\$158,031,790	\$0	\$0
PHP & OTHER MANAG. CARE	\$51,482,500	\$3,191,350	\$136,105,370	\$9,193,630	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,112,660	\$0	\$0
MEDICARE PAYMENTS	\$1,012,570,550	\$53,925,050	\$1,495,785,690	\$0	\$138,866,110	\$1,746,230
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,444,450	\$2,149,340	\$70,837,330	\$3,001,830	\$3,898,060	\$571,290
MISC. SERVICES	\$503,163,140	\$30,803,280	\$1,964,857,590	\$1,277,120	\$0	\$0
NON-FFS SUBTOTAL	\$1,813,116,160	\$107,108,480	\$4,575,127,760	\$1,351,621,020	\$436,504,520	\$3,027,990
TOTAL DOLLARS (1)	\$2,742,920,230	\$253,073,630	\$9,191,573,370	\$2,014,389,610	\$2,352,324,200	\$13,757,740
ELIGIBLES ***	391,400	23,700	898,200	1,190,200	48,000	200
ANNUAL \$/ELIGIBLE	\$7,008	\$10,678	\$10,233	\$1,692	\$49,007	\$68,789
AVG. MO. \$/ELIGIBLE	\$584	\$890	\$853	\$141	\$4,084	\$5,732

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 34. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,654,390	\$54,568,000	\$563,260	\$57,691,230	\$306,263,750	\$36,131,800
OTHER MEDICAL	\$6,119,840	\$79,176,670	\$2,359,660	\$117,286,550	\$463,093,610	\$74,007,090
COUNTY OUTPATIENT	\$325,530	\$4,618,070	\$75,410	\$9,615,450	\$21,292,190	\$2,361,300
COMMUNITY OUTPATIENT	\$1,170,690	\$18,966,590	\$169,400	\$27,124,390	\$110,090,110	\$14,345,140
PHARMACY	\$13,813,790	\$74,524,910	\$630,180	\$83,644,010	\$156,064,590	\$36,794,210
COUNTY INPATIENT	\$15,055,310	\$21,104,000	\$592,190	\$124,916,370	\$185,902,180	\$15,853,470
COMMUNITY INPATIENT	\$31,232,500	\$111,398,970	\$1,715,580	\$242,689,920	\$993,233,790	\$104,796,900
NURSING FACILITIES	\$409,298,220	\$197,234,630	\$1,108,140	\$60,687,870	\$18,734,270	\$7,919,170
ICF-DD	\$172,420,300	\$122,950	\$0	\$5,665,050	\$498,230	\$2,843,800
MEDICAL TRANSPORTATION	\$2,679,950	\$11,349,590	\$420,050	\$13,715,230	\$12,056,840	\$1,789,520
OTHER SERVICES	\$13,482,940	\$100,208,790	\$365,290	\$72,494,890	\$98,874,380	\$12,635,310
HOME HEALTH	\$45,010	\$698,700	\$40,680	\$43,808,160	\$8,062,850	\$6,668,970
FFS SUBTOTAL	\$672,298,470	\$673,971,870	\$8,039,850	\$859,339,120	\$2,374,166,790	\$316,146,680
DENTAL	\$1,380,260	\$19,891,190	\$57,130	\$10,378,840	\$283,390,020	\$23,214,330
TWO PLAN MODEL	\$0	\$14,867,480	\$143,040	\$23,359,040	\$1,733,786,130	\$35,806,630
COUNTY ORGANIZED HEALTH SYSTEMS	\$103,089,120	\$101,026,040	\$100,150	\$36,090,390	\$445,578,010	\$23,551,830
GEOGRAPHIC MANAGED CARE	\$0	\$2,724,860	\$0	\$5,817,850	\$192,421,810	\$5,781,510
PHP & OTHER MANAG. CARE	\$0	\$27,592,450	\$78,990	\$16,492,490	\$22,098,720	\$1,835,420
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,353,660	\$2,999,850
MEDICARE PAYMENTS	\$32,848,040	\$259,563,510	\$1,868,480	\$162,565,120	\$15,037,220	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$204,862,780	\$314,040	\$199,840	\$1,080,940	\$4,712,490	\$831,120
MISC. SERVICES	\$0	\$269,238,680	\$773,300	\$238,788,580	\$3,137,930	\$257,050
NON-FFS SUBTOTAL	\$342,180,200	\$695,218,250	\$3,220,950	\$494,573,240	\$2,737,515,990	\$94,277,730
TOTAL DOLLARS (1)	\$1,014,478,670	\$1,369,190,110	\$11,260,790	\$1,353,912,360	\$5,111,682,780	\$410,424,410
ELIGIBLES ***	14,400	210,600	600	110,500	2,957,600	227,000
ANNUAL \$/ELIGIBLE	\$70,450	\$6,501	\$18,768	\$12,253	\$1,728	\$1,808
AVG. MO. \$/ELIGIBLE	\$5,871	\$542	\$1,564	\$1,021	\$144	\$151

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 34. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$3,890,870	\$574,480	\$31,688,040	\$181,266,550	\$3,882,630	\$3,380,010
OTHER MEDICAL	\$3,037,400	\$674,480	\$45,483,990	\$176,996,780	\$13,984,210	\$7,437,570
COUNTY OUTPATIENT	\$322,180	\$174,200	\$3,310,890	\$6,058,450	\$368,380	\$275,910
COMMUNITY OUTPATIENT	\$1,115,590	\$91,780	\$7,557,550	\$27,187,370	\$2,286,580	\$2,301,790
PHARMACY	\$3,565,670	\$537,580	\$12,948,720	\$14,596,490	\$2,171,310	\$3,374,310
COUNTY INPATIENT	\$2,605,330	\$17,530	\$49,929,940	\$50,154,530	\$867,100	\$1,340,030
COMMUNITY INPATIENT	\$9,855,280	\$351,590	\$113,087,370	\$364,922,870	\$10,210,560	\$8,650,700
NURSING FACILITIES	\$43,483,450	\$0	\$18,281,640	\$0	\$0	\$0
ICF-DD	\$3,408,350	\$0	\$772,200	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$350,070	\$11,920	\$2,710,770	\$1,634,000	\$257,470	\$172,960
OTHER SERVICES	\$878,850	\$41,370	\$2,143,320	\$8,623,760	\$3,037,030	\$3,479,030
HOME HEALTH	\$28,590	\$1,460	\$106,310	\$733,740	\$474,700	\$1,021,560
FFS SUBTOTAL	\$72,541,640	\$2,476,380	\$288,020,730	\$832,174,540	\$37,539,970	\$31,433,860
DENTAL	\$380,760	\$910,000	\$148,040	\$269,080	\$8,923,690	\$9,879,980
TWO PLAN MODEL	\$1,861,070	\$1,265,610	\$0	\$29,581,800	\$58,436,600	\$46,592,290
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,266,550	\$260,980	\$3,720,550	\$19,846,300	\$22,995,810	\$15,198,130
GEOGRAPHIC MANAGED CARE	\$209,860	\$98,360	\$0	\$5,886,240	\$10,992,490	\$7,869,580
PHP & OTHER MANAG. CARE	\$26,530	\$0	\$0	\$1,319,490	\$708,490	\$597,710
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,362,890	\$1,012,290
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$291,630	\$0	\$224,290	\$504,010	\$0	\$28,550
MISC. SERVICES	\$3,350	\$0	\$0	\$165,990	\$22,490	\$18,500
NON-FFS SUBTOTAL	\$6,039,760	\$2,534,960	\$4,092,880	\$57,572,900	\$103,442,450	\$81,197,040
TOTAL DOLLARS (1)	\$78,581,400	\$5,011,340	\$292,113,610	\$889,747,440	\$140,982,420	\$112,630,900
ELIGIBLES ***	3,500	2,200	71,100	194,200	103,400	87,800
ANNUAL \$/ELIGIBLE	\$22,452	\$2,278	\$4,108	\$4,582	\$1,363	\$1,283
AVG. MO. \$/ELIGIBLE	\$1,871	\$190	\$342	\$382	\$114	\$107

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 34. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,142,789,220
OTHER MEDICAL	\$1,726,830,200
COUNTY OUTPATIENT	\$81,300,590
COMMUNITY OUTPATIENT	\$466,334,100
PHARMACY	\$1,600,795,400
COUNTY INPATIENT	\$633,477,540
COMMUNITY INPATIENT	\$3,451,727,340
NURSING FACILITIES	\$3,580,696,040
ICF-DD	\$403,128,460
MEDICAL TRANSPORTATION	\$139,324,270
OTHER SERVICES	\$1,058,132,830
HOME HEALTH	\$165,146,750
FFS SUBTOTAL	\$14,449,682,750
DENTAL	\$603,452,260
TWO PLAN MODEL	\$3,303,037,920
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,678,368,260
GEOGRAPHIC MANAGED CARE	\$511,714,350
PHP & OTHER MANAG. CARE	\$270,723,130
EPSDT SCREENS	\$58,841,360
MEDICARE PAYMENTS	\$3,174,776,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$294,952,000
MISC. SERVICES	\$3,012,507,000
NON-FFS SUBTOTAL	\$12,908,372,270
TOTAL DOLLARS (1)	\$27,358,055,020
ELIGIBLES ***	6,534,600
ANNUAL \$/ELIGIBLE	\$4,187
AVG. MO. \$/ELIGIBLE	\$349

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 34. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

EXCLUDED POLICY CHANGES: 34

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
5	BRIDGE TO HFP
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS
10	BCCTP RETROACTIVE COVERAGE
12	HURRICANE KATRINA SECTION 1115 WAIVER
35	CDSS SHARE OF COST PAYMENT FOR IHSS
46	FAMILY PACT DRUG REBATES
74	HOSP FINANCING - DSH PMT
75	HOSP FINANCING - SAFETY NET CARE POOL
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
79	HOSP FINANCING - CCS AND GHPP
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
83	HOSP FINANCING - HEALTH CARE COVERAGE
85	HOSP FINANCING - STABILIZATION FUNDING
87	BASE ADJUSTMENT - DPH INTERIM RATE
90	CAPITAL PROJECT DEBT REIMBURSEMENT
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
92	IGT FOR NON-SB 1100 HOSPITALS
93	FFP FOR LOCAL TRAUMA CENTERS
94	CERTIFICATION PAYMENTS FOR DP-NFS
95	DSH OUTPATIENT PAYMENT METHOD CHANGE
96	SRH OUTPATIENT PAYMENT METHOD CHANGE
97	DSH PAYMENTS
109	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
110	HEALTHY FAMILIES - CDMH
114	MINOR CONSENT SETTLEMENT
137	DENTAL FI UNDERWRITING GAIN

EXCLUDED POLICY CHANGES: 34

143	DENTAL RETROACTIVE RATE CHANGES
148	MANAGED CARE ELIGIBILITY ADJUSTMENTS